MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE	
APPLICANT(S)			

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	17						TOTAL CLAIMS						